1 A bill to be entitled
2 An act relating to autism; creating s. 381.986, F.S.;
3 requiring that a physician refer a minor to an
4 appropriate specialist for screening for autism
5 spectrum disorder under certain circumstances;
6 defining the term "appropriate specialist"; amending
7 ss. 627.6686 and 641.31098, F.S.; defining the term
8 "direct patient access"; requiring that certain
9 insurers and health maintenance organizations provide
10 direct patient access to an appropriate specialist for
11 screening for or evaluation or diagnosis of autism
12 spectrum disorder; requiring certain insurance
13 policies and health maintenance organization contracts
14 to provide a minimum number of visits per year for
15 screening for or evaluation or diagnosis of autism
16 spectrum disorder; providing an effective date.
17
18 Be It Enacted by the Legislature of the State of Florida:
19
20 Section 1. Section 381.986, Florida Statutes, is created
21 to read:
22 381.986 Screening for autism spectrum disorder.—
23 (1) If the parent or legal guardian of a minor believes
24 that the minor exhibits symptoms of autism spectrum disorder,
25 the parent or legal guardian may report his or her observation
26 to a physician licensed under chapter 458 or chapter 459. The
27 physician shall perform screening in accordance with American
28 Academy of Pediatrics' guidelines. If the physician determines

29 that referral to a specialist is medically necessary, the
30 physician shall refer the minor to an appropriate specialist to
31 determine whether the minor meets diagnostic criteria for autism
32 spectrum disorder. If the physician determines that referral to
33 a specialist is not medically necessary, the physician shall
34 inform the parent or legal guardian of the option for the parent
35 or guardian to refer the child to the Early Steps Program or
36 other specialist in autism. This section does not apply to a
37 physician providing care under s. 395.1041.
38 (2) As used in this section, the term "appropriate
39 specialist" means a qualified professional licensed in this
40 state who is experienced in the evaluation of autism spectrum
41 disorder and has training in validated diagnostic tools. The
42 term includes, but is not limited to:
43 (a) A psychologist;
44 (b) A psychiatrist;
45 (c) A neurologist; or
46 (d) A developmental or behavioral pediatrician.
47 Section 2. Section 627.6686, Florida Statutes, is amended
48 to read:
49 627.6686 Coverage for individuals with autism spectrum
50 disorder required; exception.—
51 (1) This section and s. 641.31098 may be cited as the
52 "Steven A. Geller Autism Coverage Act."
53 (2) As used in this section, the term:
54 (a) "Applied behavior analysis" means the design,
55 implementation, and evaluation of environmental modifications,
56 using behavioral stimuli and consequences, to produce socially

57 significant improvement in human behavior, including, but not
58 limited to, the use of direct observation, measurement, and
59 functional analysis of the relations between environment and
60 behavior.
61 (b) "Autism spectrum disorder" means any of the following
62 disorders as defined in the most recent edition of the
63 Diagnostic and Statistical Manual of Mental Disorders of the
64 American Psychiatric Association:
65 1. Autistic disorder.
66 2. Asperger's syndrome.
67 3. Pervasive developmental disorder not otherwise
68 specified.
69 (c) "Direct patient access" means the ability of an
70 insured to obtain services from a contracted provider without a
71 referral or other authorization before receiving services.
72 (d) ~~(c)~~ "Eligible individual" means an individual under 18
73 years of age or an individual 18 years of age or older who is in
74 high school and who has been diagnosed as having a developmental
75 disability at 8 years of age or younger.
76 (e) ~~(d)~~ "Health insurance plan" means a group health
77 insurance policy or group health benefit plan offered by an
78 insurer which includes the state group insurance program
79 provided under s. 110.123. The term does not include a ~~any~~
80 health insurance plan offered in the individual market, a ~~any~~
81 health insurance plan that is individually underwritten, or a
82 ~~any~~ health insurance plan provided to a small employer.
83 (f) ~~(e)~~ "Insurer" means an insurer providing health
84 insurance coverage, which is licensed to engage in the business

85 of insurance in this state and is subject to insurance
86 regulation.
87 (3) A health insurance plan issued or renewed on or after
88 April 1, 2009, shall provide coverage to an eligible individual
89 for:
90 (a) Direct patient access to an appropriate specialist, as
91 defined in s. 381.986, for a minimum of three visits per policy
92 year for screening for or evaluation or diagnosis of autism
93 spectrum disorder.
94 (b) ~~(a)~~ Well-baby and well-child screening for diagnosing
95 the presence of autism spectrum disorder.
96 (c) ~~(b)~~ Treatment of autism spectrum disorder through
97 speech therapy, occupational therapy, physical therapy, and
98 applied behavior analysis. Applied behavior analysis services
99 shall be provided by an individual certified pursuant to s.
100 393.17 or an individual licensed under chapter 490 or chapter
101 491.
102 (4) The coverage required pursuant to subsection (3) is
103 subject to the following requirements:
104 (a) Coverage shall be limited to treatment that is
105 prescribed by the insured's treating physician in accordance
106 with a treatment plan.
107 (b) Coverage for the services described in subsection (3)
108 shall be limited to $36,000 annually and may not exceed $200,000
109 in total lifetime benefits.
110 (c) Coverage may not be denied on the basis that provided
111 services are habilitative in nature.
112 (d) Coverage may be subject to other general exclusions

113 and limitations of the insurer's policy or plan, including, but
114 not limited to, coordination of benefits, participating provider
115 requirements, restrictions on services provided by family or
116 household members, and utilization review of health care
117 services, including the review of medical necessity, case
118 management, and other managed care provisions.
119 (5) The coverage required pursuant to subsection (3) may
120 not be subject to dollar limits, deductibles, or coinsurance
121 provisions that are less favorable to an insured than the dollar
122 limits, deductibles, or coinsurance provisions that apply to
123 physical illnesses that are generally covered under the health
124 insurance plan, except as otherwise provided in subsection (4).
125 (6) An insurer may not deny or refuse to issue coverage
126 for medically necessary services, refuse to contract with, or
127 refuse to renew or reissue or otherwise terminate or restrict
128 coverage for an individual because the individual is diagnosed
129 as having a developmental disability.
130 (7) The treatment plan required pursuant to subsection (4)
131 shall include all elements necessary for the health insurance
132 plan to appropriately pay claims. These elements include, but
133 are not limited to, a diagnosis, the proposed treatment by type,
134 the frequency and duration of treatment, the anticipated
135 outcomes stated as goals, the frequency with which the treatment
136 plan will be updated, and the signature of the treating
137 physician.
138 (8) Beginning January 1, 2011, the maximum benefit under
139 paragraph (4)(b) shall be adjusted annually on January 1 of each
140 calendar year to reflect any change from the previous year in

141 the medical component of the then current Consumer Price Index
142 for all urban consumers, published by the Bureau of Labor
143 Statistics of the United States Department of Labor.
144 (9) This section may not be construed as limiting benefits
145 and coverage otherwise available to an insured under a health
146 insurance plan.
147 (10) The Office of Insurance Regulation may not enforce
148 this section against an insurer that is a signatory no later
149 than April 1, 2009, to the developmental disabilities compact
150 established under s. 624.916. The Office of Insurance Regulation
151 shall enforce this section against an insurer that is a
152 signatory to the compact established under s. 624.916 if the
153 insurer has not complied with the terms of the compact for all
154 health insurance plans by April 1, 2010.
155 Section 3. Section 641.31098, Florida Statutes, is amended
156 to read:
157 641.31098 Coverage for individuals with developmental
158 disabilities.—
159 (1) This section and s. 627.6686 may be cited as the
160 "Steven A. Geller Autism Coverage Act."
161 (2) As used in this section, the term:
162 (a) "Applied behavior analysis" means the design,
163 implementation, and evaluation of environmental modifications,
164 using behavioral stimuli and consequences, to produce socially
165 significant improvement in human behavior, including, but not
166 limited to, the use of direct observation, measurement, and
167 functional analysis of the relations between environment and
168 behavior.

169 (b) "Autism spectrum disorder" means any of the following
170 disorders as defined in the most recent edition of the
171 Diagnostic and Statistical Manual of Mental Disorders of the
172 American Psychiatric Association:
173 1. Autistic disorder.
174 2. Asperger's syndrome.
175 3. Pervasive developmental disorder not otherwise
176 specified.
177 (c) "Direct patient access" means the ability of an
178 insured to obtain services from an in-network provider without a
179 referral or other authorization before receiving services.
180 (d) ~~(c)~~ "Eligible individual" means an individual under 18
181 years of age or an individual 18 years of age or older who is in
182 high school and who has been diagnosed as having a developmental
183 disability at 8 years of age or younger.
184 (e) ~~(d)~~ "Health maintenance contract" means a group health
185 maintenance contract offered by a health maintenance
186 organization. The ~~This~~ term does not include a health
187 maintenance contract offered in the individual market, a health
188 maintenance contract that is individually underwritten, or a
189 health maintenance contract provided to a small employer.
190 (3) A health maintenance contract issued or renewed on or
191 after April 1, 2009, shall provide coverage to an eligible
192 individual for:
193 (a) Direct patient access to an appropriate specialist, as
194 defined in s. 381.986, for a minimum of three visits per policy
195 year for screening for or evaluation or diagnosis of autism
196 spectrum disorder.

197 (b) ~~(a)~~ Well-baby and well-child screening for diagnosing
198 the presence of autism spectrum disorder.
199 (c) ~~(b)~~ Treatment of autism spectrum disorder through
200 speech therapy, occupational therapy, physical therapy, and
201 applied behavior analysis services. Applied behavior analysis
202 services shall be provided by an individual certified pursuant
203 to s. 393.17 or an individual licensed under chapter 490 or
204 chapter 491.
205 (4) The coverage required pursuant to subsection (3) is
206 subject to the following requirements:
207 (a) Coverage shall be limited to treatment that is
208 prescribed by the subscriber's treating physician in accordance
209 with a treatment plan.
210 (b) Coverage for the services described in subsection (3)
211 shall be limited to $36,000 annually and may not exceed $200,000
212 in total benefits.
213 (c) Coverage may not be denied on the basis that provided
214 services are habilitative in nature.
215 (d) Coverage may be subject to general exclusions and
216 limitations of the subscriber's contract, including, but not
217 limited to, coordination of benefits, participating provider
218 requirements, and utilization review of health care services,
219 including the review of medical necessity, case management, and
220 other managed care provisions.
221 (5) The coverage required pursuant to subsection (3) may
222 not be subject to dollar limits, deductibles, or coinsurance
223 provisions that are less favorable to a subscriber than the
224 dollar limits, deductibles, or coinsurance provisions that apply

225 to physical illnesses that are generally covered under the
226 subscriber's contract, except as otherwise provided in
227 subsection (3).
228 (6) A health maintenance organization may not deny or
229 refuse to issue coverage for medically necessary services,
230 refuse to contract with, or refuse to renew or reissue or
231 otherwise terminate or restrict coverage for an individual
232 solely because the individual is diagnosed as having a
233 developmental disability.
234 (7) The treatment plan required pursuant to subsection (4)
235 shall include, but is not limited to, a diagnosis, the proposed
236 treatment by type, the frequency and duration of treatment, the
237 anticipated outcomes stated as goals, the frequency with which
238 the treatment plan will be updated, and the signature of the
239 treating physician.
240 (8) Beginning January 1, 2011, the maximum benefit under
241 paragraph (4)(b) shall be adjusted annually on January 1 of each
242 calendar year to reflect any change from the previous year in
243 the medical component of the then current Consumer Price Index
244 for all urban consumers, published by the Bureau of Labor
245 Statistics of the United States Department of Labor.
246 (9) The Office of Insurance Regulation may not enforce
247 this section against a health maintenance organization that is a
248 signatory no later than April 1, 2009, to the developmental
249 disabilities compact established under s. 624.916. The Office of
250 Insurance Regulation shall enforce this section against a health
251 maintenance organization that is a signatory to the compact
252 established under s. 624.916 if the health maintenance

253 organization has not complied with the terms of the compact for
254 all health maintenance contracts by April 1, 2010.
255 Section 4. This act shall take effect July 1, 2012.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.